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**DECLARATION FOR UTILITY OR
 DESIGN
 PATENT APPLICATION
 (37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 4004-333
 First Named Inventor HIRSHMAN, L. J.
 COMPLETE IF KNOWN
 Application Number 09 / 486,301
 Filing Date February 24, 2000
 Group Art Unit
 Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SPINAL IMPLANT AND CUTTING TOOL PREPARATION ACCESSORY FOR
 MOUNTING THE IMPLANT**

the specification of which

(Title of the Invention)

☐ is attached hereto
 OR

☒ was filed on (MM/DD/YYYY) 08/25/1998 as United States Application Number or PCT International

Application Number 09/486,301 and was amended on (MM/DD/YYYY) 09/18/1999 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendments specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 36C(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking this box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
97/10664	France	08/26/1997	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

☐ Additional foreign application number(s) are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

☒ I hereby claim the benefit under 35 U.S.C. 119(a) of any United States provisional application(s) filed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application number(s) are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

Search Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Patent application (PCT) under this law - ☒

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PTO/6801 (12-97)**DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, filed before and under the subject matter of each of the claims of this application is not disclosed in this prior information which is material to patentability as defined in 35 CFR 1.54 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/1390/01334	08/25/99	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/6802B attached hereto.

As a national inventor, I hereby assert the following registered practitioner(s) is/are to prosecute this application and to transfer all business in the future and that/their Office concerning surrender:

Name	Registration Number	Name	Registration Number
JAMES B. MYERS	942.021		

☒ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/6802C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☒ Correspondence address below

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Country	US	Zip	46204
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that making false statements, and the like, are made and application of any patent laws in force.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (First and middle if any)		Family Name or Surname	
Mingyan		LIU	
Inventor's Signature	Date		6/9/00
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City	Bourg-la-Reine	State	FR
Country	FR	Zip	F-92340

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/6802A attached hereto

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Philippe		BOUQUET	
Inventor's Signature	Date		
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City	Lamorlaye	State	FR
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Given Name (first and middle (if any))		Family Name or Surname	
Rene-Jock		MRISKI	
Inventor's Signature	Date		
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Post Office Address	14163 Berlin DE		
City	Berlin	State	DE
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Daniel		CHOPIN	
Inventor's Signature	Date		6/9/00
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City	Groffliers	State	FR

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